Asparlas® (calaspargase pegol-mknl)
(Intravenous)

-E-

Document Number: IC-0538

Last Review Date: 12/01/2020
Date of Origin: 06/02/2020
Dates Reviewed: 06/2020, 12/2020

I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Asparlas 3,750 units per 5 mL single-use vial: 2 vials every 21 days

B. Max Units (per dose and over time) [HCPCS Unit]:

- 750 billable units (2 vials) per 21 days

III. Initial Approval Criteria [1-3]

Coverage is provided in the following conditions:

- Patient age is 1 month up to 21 years old; **AND**

Universal Criteria

- Patient must not have a history of serious hypersensitivity, pancreatitis, severe hepatic impairment, thrombosis, or hemorrhagic events with prior L-asparaginase* therapy; **AND**
- Must be used as a component of multi-agent chemotherapy; **AND**

Acute Lymphoblastic Leukemia (ALL) † Φ

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria [1-3]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and indication-specific criteria as identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include allergic reactions (including anaphylaxis), thrombosis (including cerebral thrombosis, ischemia, and stroke), coagulopathy/bleeding (including intracranial hemorrhage), severe hepatotoxicity, pancreatitis, etc.; **AND**

Acute Lymphoblastic Leukemia (ALL)

- Disease stabilization or improvement as evidenced by a complete response [CR] (i.e. morphologic, cytogenetic or molecular complete response CR), complete hematologic response or a partial response by CBC, bone marrow cytogenic analysis, QPCR, or FISH

V. Dosage/Administration

Indication	Dose
All indications	Administer 2,500 units/m² intravenously given no more frequently than every 21 days.*

VI. Billing Code/Availability Information

HCPCS Code:

- J9118 – Injection, calaspargase pegol-mknl, 10 units: 1 billable unit = 10 units

NDC(s):

- Asparlas 3,750 units/5 mL single-use vial: 72694-0515-XX

VII. References (STANDARD)

1. Asparlas [package insert]. Boston, MA; Servier Pharmaceuticals Inc.; June 2020. Accessed October 2020.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for calaspargase pegol-mknl. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2020.
3. Silverman LB, Blonquist TM, Hunt SK, et al. Randomized Study of Pegasparagase (SS-PEG) and Calaspargase Pegol (SC-PEG) in Pediatric Patients with Newly Diagnosed Acute Lymphoblastic Leukemia or Lymphoblastic Lymphoma: Results of DFCI ALL Consortium Protocol 11-001. Blood 2016;128:175.

VIII. References (ENHANCED)

1e. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for Acute Lymphoblastic Leukemia, Version 1.2020. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN

Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2020.

2e. Angiolillo AL, Schore RJ, Devidas M, et al. Pharmacokinetic and pharmacodynamic properties of calaspargase pegol Escherichia coli L-asparaginase in the treatment of patients with acute lymphoblastic leukemia: results from Children's Oncology Group Study AALL07P4. J Clin Oncol. 2014;32(34):3874–3882. doi:10.1200/JCO.2014.55.5763.

3e. Magellan Health, Magellan Rx Management. Asparlas Clinical Literature Review Analysis. Last updated October 2020. Accessed October 2020.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C85.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

Appendix 3 – CLINICAL LITERATURE REVIEW

OS = overall survival; PFS = progression-free survival; ORR = objective response rate; CR = complete response; PR = partial response; DoR = duration of response; TTP = time to progression; FFS = failure-free survival; EFS = event-free survival; PFR = progression free rate

Acute lymphoblastic leukemia (ALL)

Induction Therapy							
Regimen	**NCCN Category**	**FDA Approved**	**Trial Design**	**Comparator**	**Primary End-Point**	**Line of Therapy**	**Conclusion**
Calaspargase pegol-mknl + multi-agent chemotherapy	2A	Yes	Phase 2, randomized	Pegaspargase + multi-agent chemotherapy	Toxicity Pharmacokinetics	Induction therapy (newly diagnosed)	• During remission induction, calaspargase pegol led to a more sustained serum asparaginase activity without excess toxicity or significant difference in the proportion of patients with low end-induction minimal residual disease compared to pegaspargase.
Calaspargase pegol-mknl + multi-agent chemotherapy	2A	Yes	AALL07P4, randomized, open-label, multi-center	Pegaspargase + multi-agent chemotherapy	-----	Induction therapy (newly diagnosed)	• Calaspargase pegol given as 2,500 IU/m^2 achieves a significantly longer period of asparaginase activity above defined thresholds and asparagine depletion compared with pegaspargase.